Exhibit I

CLERK OF STATE COURT COBB COUNTY, GEORGIA

22-A-3693

IN THE STATE COURT OF COBB COUNTY STATE OF GEORGIA

DEC 09, 2022 03:19 PM

Robin C. Bishop, Clerk of State Court Cobb County, Georgia

Plaintiff,

CIVIL ACTION NO: 22-A-3693 v.

Publix Super Markets, Inc.,

Harriett Reid,

Defendant.

PLAINTIFFS' RULE 5.2 CERTIFICATE OF SERVING DISCOVERY MATERIALS

Pursuant to Uniform Superior Court Rule 5.2(2), I certify that the following documents were served upon the Defendant.

- 1. PLAINTIFF'S RESPONSES AND OBJECTIONS TO DEFENDANT PUBLIX SUPER MARKETS, INC.'S FIRST INTERROGATORIES TO PLAINTIFF
- 2. PLAINTIFF'S RESPONSES AND OBJECTIONS TO DEFENDANT PUBLIX SUPER MARKETS, INC.'S FIRST REQUEST FOR PRODUCTION OF **DOCUMENTS TO PLAINTIFF**

This 9th day of December, 2022

/s/ Benjamin A. DuBose Anthony J. Herro Georgia Bar No. 402527 Benjamin A. DuBose Georgia Bar No. 414264 Attorneys for Plaintiff

THE HERRO LAW FIRM

3495 Piedmont Road NE Eleven Piedmont Center, Suite 824 Atlanta, Georgia 30305 (404) 737-2490 anthony@herrolaw.com ben@herrolaw.com



IN THE STATE COURT OF COBB COUNTY STATE OF GEORGIA

Harriett Reid,

Plaintiff,

:

v. : CIVIL ACTION NO: 22-A-3693

Publix Super Markets, Inc., :

:

Defendant.

PLAINTIFF'S RESPONSES AND OBJECTIONS TO DEFENDANT PUBLIX SUPER MARKETS, INC.'S FIRST INTERROGATORIES AND FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF

COMES NOW, Harriett Reid, Plaintiff in the above-captioned lawsuit, by and through counsel, and hereby submits her Responses and Objections to Defendant Publix Super Markets, Inc.'s, First Interrogatories and First Request for Production of Documents to Plaintiff.

Objections

1.

Plaintiff objects to the Interrogatories to the extent they seek the disclosure or the production of information protected by the attorney-client privilege, the work product doctrine, or any other applicable privilege.

2.

Plaintiff objects to the Interrogatories and any instructions/definitions therein to the extent they exceed the scope of the Georgia Civil Practice Act, they seek information not relevant to the subject matter of this lawsuit, they seek information inadmissible in evidence and not reasonably calculated to lead to the discovery of admissible evidence, and they are overly broad, unduly

burdensome and expensive to answer, and oppressive.

3.

Plaintiff objects to the Interrogatories and any instructions/definitions therein to the extent they seek to require the production of information within the possession, custody, or control of entities other than Plaintiff.

4.

Plaintiff objects to the Requests to the extent they seek the disclosure or the production of documents protected by the attorney-client privilege, the work product doctrine, or any other applicable privilege.

5.

Plaintiff objects to the Requests and the instructions therein to the extent they exceed the scope of the Georgia Civil Practice Act, they seek documents not relevant to the subject matter of this lawsuit, they seek documents inadmissible in evidence and not reasonably calculated to lead to the discovery of admissible evidence, and they are overly broad, unduly burdensome, unduly expensive to answer, and oppressive.

6.

Plaintiff objects to the Requests to the extent they seek to require the production of documents at the office of Defendant's attorney or at any other specific location. As grounds for this objection, Plaintiff shows that the Georgia Civil Practice Act does not require production to occur at the office of Defendant's attorney or at any other specific location. All documents produced shall be available for Defendant's review, at a time convenient for all parties concerned, at the offices of counsel for Plaintiff, The Herro Law Firm, 3495 Piedmont Center, Suite 824, Atlanta, Georgia 30305, (404) 433-6876.

Plaintiff objects to the Requests and the instructions therein to the extent they seek to require the production of documents within the possession, custody, or control of entities other than Plaintiff.

INTERROGATORIES

1.

Please state your full name, current address, date of birth, and social security number.

Response: Plaintiff's full name is Harriett Verda Reid and she was born on November 1, 1984.

Plaintiff currently resides at 560 Birchberry Terrace Southwest, Atlanta, Georgia 30331. Plaintiff will provide her social security number off the record.

2.

If you are married, please state your spouse's full name, the length of your marriage, whether you have previously been married, and whether you have any children. In the event you have previously been married, please state the full name of your former spouse(s) and the reason for the termination of each previous marriage. If you have any children, please state their full name(s) and age(s).

<u>Response</u>: Plaintiff has been married to Ulysses Reid, Jr., for approximately ten (10) years. Plaintiff has three (3) children:

- i. Mykierra Reid, 21;
- ii. Thaddeus Reid, 15; and
- iii. Breanna Reid, 9.

3.

In the event that you have been charged with a criminal offense, please state the nature of

each offense, the date charged, the disposition of the charge, the date of disposition and the court or courts in which the disposition of such charge or charges took place.

Response: Plaintiff has never been charged with a criminal offense.

4.

If you were ever a plaintiff or a defendant in a lawsuit of any kind prior to or subsequent to this litigation, please provide details as to that prior lawsuit, including the names of the parties, the court in which the action was filed, the year the action was filed, and the allegations made in the lawsuit

<u>Response</u>: Plaintiff has never been involved in a lawsuit other than this action.

5.

If you have ever made any other claim for bodily injuries of any kind, against any person, firm or corporation (including any insurance company), please state the nature and date of each such claim, the name of the person, firm or corporation against whom the claim was made, and the outcome of such claim.

<u>Response</u>: Plaintiff filed a claim as a result of a motor vehicle wreck in June of 2021. This claim reached a settlement prior to a lawsuit being filed.

6.

If, prior to or subsequent to the incident complained of, you have ever suffered from a similar injury or medical condition, please fully describe such injury stating when and where such injury was sustained and whether a claim for personal injury was made by your and, if so, against whom such claim was made.

Response: Plaintiff has never injured her left knee or right leg in the past.

If, prior to or subsequent to the incident complained of, you have suffered from any bodily injury or medical condition, please fully describe such injury, stating when and where such injury was sustained and whether a claim for personal injury was made by you and, if so, against whom such claim was made.

<u>Response</u>: To the best of Plaintiff's knowledge, the only other injuries she has sustained in the past was the result of motor vehicle wreck in June of 2021 which caused lower back pain. Plaintiff filed a claim as a result and reached a settlement prior to a lawsuit being filed.

8.

As to any medical or other healthcare attention you have received within the twenty (20) years preceding the incident complained of in your Complaint, please state the name and address of each and every physician, surgeon or practitioner of any healing art who has treated you, the date of each visit to said physician, surgeon or practitioner of any healing art or, if such date is not known, the date of the first visit and the approximate number of subsequent visits for related injuries or illnesses, and the reason for such examination or treatment.

<u>Response</u>: To the best of Plaintiff's knowledge, she has received medical treatment at the following facilities in the past:

- i. Dominguez Chiropractic, located at 6346 Tara Boulevard, Jonesboro, Georgia 30236;
- ii. Orthopedic Sport and Spine Physicians, located at 6630 Exchange Place, Morrow, Georgia 30260;
- iii. Grady East Point Health Center, located at 1595 West Cleveland Avenue, East Point, Georgia, 30344;
- iv. Atlanta Medical Center, located at 1801 Peachtree Road NW, Suite 250, Atlanta Georgia

30309; and

v. Emory University Hospital, located at 1364 East Clifton Road NE, Atlanta, Georgia 30322.

9.

As to any medical or other healthcare treatment that you have received for any injuries for which recovery is sought in the within lawsuit, please state the name and address of each and every physician, surgeon or practitioner of any healing art who has treated you, the dates of treatment with said physician, surgeon or practitioner of any healing art and the approximate number of visits for related injuries or illnesses, and the reason for such examination or treatment.

<u>Response</u>: Plaintiff received the following medical treatment as a result of the incident which forms the basis of this lawsuit:

- i. Dr. Michele Flagge, M.D., Wellstar Cobb Hospital, located at 3950 Austell Road, Austell, Georgia 30106;
- ii. Dr. Phillip Langer, M.D., Ortho Sport & Spine Physicians, located at 6630 Exchange Place, Morrow, Georgia 30260;
- iii. Dr. Erin Kent, M.D., Team Rehabilitation Physical Therapy, located at 1867 Harvard Avenue, Atlanta, Georgia 30337;
- iv. Dr. Scott Barbour, M.D., Barbour Orthopedics, located at 5505 Roswell Road, Suite 100, Atlanta, Georgia 30342.

All of Plaintiff's medical records currently in possession are being produced. Plaintiff has requested updated medical records and bills from Team Rehabilitation Physical Therapy which will be supplemented as soon as they become in possession.

10.

If you have been hospitalized at any time prior to the incident complained of, please state

the name and address of each hospital, the date(s) of any treatment received in said hospital, the nature of the treatment rendered in each such hospital and the name and address of your attending physician.

<u>Response</u>: To the best of Plaintiff's knowledge, the only times she has ever been hospitalized prior to this incident has been due to childbirth.

11.

If you have been hospitalized at any time subsequent to the incident complained of, please state the name and address of each hospital, the date(s) of any treatment received in said hospital, the nature of the treatment rendered in each such hospital and the name and address of your attending physician.

<u>Response</u>: Plaintiff has not been hospitalized subsequent to this incident.

12.

If, to your knowledge, information or belief any of the physicians, surgeons, practitioners of any healing art or hospitals referred to above, made any reports, statements or bills concerning your medical condition, please describe each such report, statement or bill, giving as to each the title or description thereof, and the date and name of the person making such report, statement or bill.

<u>Response</u>: Plaintiff is producing all relevant and discoverable medical records and bills currently in her possession. Plaintiff has requested updated medical records and bills from Team Rehabilitation Physical Therapy, which will be supplemented as soon as they become in possession.

13.

Please state in detail your activities during the twenty-four (24) hour period immediately

preceding the incident complained of in this action.

<u>Response</u>: September 28, 2021, began as a routine day for Plaintiff. She went to work at Equifax, came home, and began discussing dinner plans with her family. Her and her husband decided to travel to Publix Supermarkets located at 5829 Campbellton Road, Suite 110, Atlanta, Georgia 30331, to get dinner for her family. After Plaintiff and her husband arrived at Public, the incident which is the subject matter of this litigation occurred.

14.

Please state whether you consumed any alcohol, or any prescription or nonprescription medications or drugs during the twenty-four (24) hour period immediately preceding the incident complained of in this action.

<u>Response</u>: Plaintiff did not consume any alcohol, medication, or drugs during the twenty-four (24) hour period immediately preceding the incident which is the subject of this litigation.

15.

Please state the date, approximately time and exact location of the incident complained of in your Complaint occurred

Response: On September 28, 2021, Plaintiff and her husband were walking through the store towards the direction of the checkout counters when she stopped to pick up a bag of chips. As she reached for the bag, suddenly and unexpectedly, she landed on the floor. Plaintiff then realized there was a spilled liquid substance where she fell that appeared to be melted ice cream. Plaintiff then noticed an employee had a cart with a container of melted ice cream. After that, a manager on duty walked upon the scene, saw Plaintiff on the ground, turned around, and walked to the customer service desk. As a result, my client sustained personal injuries.

Please diagram by drawing or words the exact location of the occurrence of the incident complained of in this action.

Response: On September 28, 2021, Plaintiff and her husband were walking through the store towards the direction of the checkout counters when she stopped to pick up a bag of chips. As she reached for the bag, suddenly and unexpectedly, she landed on the floor. Plaintiff then realized there was a spilled liquid substance where she fell that appeared to be melted ice cream. Plaintiff then noticed an employee had a cart with a container of melted ice cream. After that, a manager on duty walked upon the scene, saw Plaintiff on the ground, turned around, and walked to the customer service desk. As a result, my client sustained personal injuries.

17.

Please describe in detail what you were doing at the time of the occurrence of the incident complained of in this action.

Response: On September 28, 2021, Plaintiff and her husband were walking through the store towards the direction of the checkout counters when she stopped to pick up a bag of chips. As she reached for the bag, suddenly and unexpectedly, she landed on the floor. Plaintiff then realized there was a spilled liquid substance where she fell that appeared to be melted ice cream. Plaintiff then noticed an employee had a cart with a container of melted ice cream. After that, a manager on duty walked upon the scene, saw Plaintiff on the ground, turned around, and walked to the customer service desk. As a result, my client sustained personal injuries.

18.

Please state in detail how you contend the incident complained of in this action occurred.

Response: On September 28, 2021, Plaintiff and her husband were walking through the store

towards the direction of the checkout counters when she stopped to pick up a bag of chips. As she reached for the bag, suddenly and unexpectedly, she landed on the floor. Plaintiff then realized there was a spilled liquid substance where she fell that appeared to be melted ice cream. Plaintiff then noticed an employee had a cart with a container of melted ice cream. After that, a manager on duty walked upon the scene, saw Plaintiff on the ground, turned around, and walked to the customer service desk. As a result, my client sustained personal injuries.

19.

Please describe in detail every act or omission on the part of this Defendant which you contend caused, contributed to or brought about the incident complained of in your Complaint.

Response: The presence of liquid substance on the floor made Defendant's premises unreasonably dangerous. Defendant was negligent for failing to keep and maintain their premises in a safe condition. As a direct and proximate result of Defendant's negligence, Plaintiff suffered personal injuries that required medical attention.

20.

State the name, address and employer of any person, including any party, who, to your knowledge, information or belief was an eyewitness to the incident complained of in this action, has some knowledge of any fact or circumstance upon which your allegations of negligence, causation and damages are based, and your relationship to any such person.

<u>Response</u>: To the best of Plaintiff's knowledge, there were Publix employees around her after the incident, but she is unsure if they witnessed her slip and fall, per se. The Publix employees around her after the incident were the staff member next to the cart containing the melted ice cream, the manager who saw Plaintiff on the ground shortly after, and a janitor who helped clean up after the incident occurred. Afterwards, a Publix manager filled out an incident report.

Please describe each and every statement or report which to your knowledge, information or belief has been made by any person named in answer to the preceding interrogatory, giving as to each date, the subject matter, the parties present when made and the form (whether oral, written, recorded, etc.)

<u>Response</u>: To the best of Plaintiff's knowledge, she is not aware of any statements other than the incident report filled out by a Publix manager shortly after the incident. Plaintiff is not in possession of this incident report.

22.

If there are any photographs, drawings or other graphic representations of the scene of the incident complained of in this action, any instrumentality alleged to have caused the alleged damages, or of your alleged injury, please fully describe each such photograph, drawing or graphic representation, giving as to each the date and by whom is was made, the subject matter represented and the form (whether photographic print, transparency, diagram, plat, etc.).

Response: Plaintiff has no photographs or graphic representations of the scene to produce.

23.

Please fully describe each and every documentary or other tangible evidence which you contend supports your allegations of negligence, causation or damage, stating as to each item the nature, form and the subject or contents, and the name and address of the person having custody of each such item.

<u>Response</u>: Plaintiff is producing all relevant and discoverable materials currently in her possession.

List each and every element of damages you contend you are entitled to recover.

<u>Response</u>: Plaintiff is entitled to recover for her special damages for her medical expenses, general damages for her past, present, and future pain and suffering, and expenses of litigation, including reasonable and necessary attorney fees in an amount to be proven at trial

25.

Itemize all expenses and special damages which you claim resulted from the incident complained of, including, but not limited to, medical and hospital expenses and loss of earnings.

Response: Plaintiff has incurred the following special damages as a result of this incident:

<u>Current Medical Expenses:</u>	
Wellstar Cobb Hospital	\$ 2,767.00
The Bortolazzo Group	\$ 1,020.00
Quantum Radiology	\$ 361.00
Ortho Sport and Spine Physicians	\$ 2,220.80
Team Rehabilitation Physical Therapy	\$ 4,125.00
Atlanta Clinical Research Centers, LLC	\$ 2,590.00
Barbour Orthopedics	\$ 32,070.60
Barbour Orthopedics Surgery Center	\$ 36,904.43
Northlake Anesthesia Professionals, LLC	\$ 3,000.00
Total Special Damages	\$ 85 058 83

26.

If you received any injuries as a result of the incident which is the subject matter of the above-captioned lawsuit, please fully describe each injury and state when you first became aware of the injury, indicating the date and hour.

<u>Response</u>: Plaintiff suffers from injuries to her left knee and right leg. Plaintiff is producing all relevant and discoverable medical records and bills currently in her possession.

27.

State the name and address of every physician, surgeon, or practitioner of any healing art

who has examined or treated you (or who has been consulted with by you or your attorney), for any complaint which you contend resulted from the incident complained of in your Complaint, stating the date of your first and last visit to each person and the approximately total number of visits to each such person.

<u>Response</u>: Plaintiff received the following medical treatment as a result of the incident which forms the basis of this lawsuit:

- i. Dr. Michele Flagge, M.D., Wellstar Cobb Hospital, located at 3950 Austell Road, Austell,
 Georgia 30106;
- ii. Dr. Phillip Langer, M.D., Ortho Sport & Spine Physicians, located at 6630 Exchange Place, Morrow, Georgia 30260;
- iii. Dr. Erin Kent, M.D., Team Rehabilitation Physical Therapy, located at 1867 Harvard Avenue, Atlanta, Georgia 30337;
- iv. Dr. Scott Barbour, M.D., Barbour Orthopedics, located at 5505 Roswell Road, Suite 100, Atlanta, Georgia 30342.

All of Plaintiff's medical records currently in possession are being produced.

28.

State the name and address of your employer(s), if any, on the date of the incident complained of, the length of your employment with said employer(s), your total salary, commissions or other compensation, the services and duties you were required to perform, and the place(s) where you worked or performed those services and duties.

<u>Response</u>: Plaintiff is employed at Equifax and is seeking wage loss verification from her manager. If these documents become in possession, they will be supplemented.

If you have missed any work as a result of injuries received in this incident, please state the date(s) you were absent, the total number of hours lost and the total compensation received for same from any source whatsoever.

<u>Response</u>: Plaintiff is employed at Equifax and is seeking wage loss verification from her manager. If these documents become in possession, they will be supplemented.

30.

If there is any activity which you could engage in before the incident complained of, but which as a result of the injuries received in the incident you cannot engage in now, please give a description of the activity and in what way you are now restricted from participating in same and state whether you will be able to engage in the activity in the future, and, if so, when.

Response: Plaintiff required knee surgery as a result of this incident and still experiences pain in her left knee to this day, especially if the weather is cold and/or rainy. Plaintiff can no longer exercise to the degree she could before this incident and it now takes her significantly longer to complete household chores as they have to be broken into segments due to her left knee pain. Plaintiff lives in a two-story home and has difficulty maneuvering up and down the stairs. Plaintiff's intimacy with her husband has been negatively affected and she had to miss several of her son's high school football games as she could not walk from the parking lot to the stadium seats. Plaintiff will now likely spend the rest of her life with left knee pain due to no fault of her own.

31.

Please state whether you are eligible to receive or have received any benefits or payments from any collateral sources reimbursing you in full or in party for any medical, hospital, or other

expense or loss including loss of wages incurred as a result of the incident complained of in your Complaint including, but not limited to workers' compensation or other benefits, whether paid by an insurance company, voluntarily paid by your employer, or others, giving full details as to each such benefit, including the name and address of the person, organization, governmental agency or insurance company making or responsible for each such payment, the policy and claim number of any insurance company involved, the aggregate limits of coverage, the total amount paid or payable, the weeks for which any lost income payment has been made or is payable, and the State claim number of any applicable workers' compensation claim; the cost to you for receiving such benefits and the extent to which such benefits will apply to any future special damages (e.g. the limits of any applicable insurance policies, the availability of workers' compensation benefits in the future, any applicable wage continuation plans, etc.)

<u>Response</u>: Plaintiff has not received and is not eligible for any such benefits.

32.

Are you required to repay any of the benefits referred to above or do any of the providers of such benefits claim a right of subrogation? If so, please explain in detail.

<u>Response</u>: To the of Plaintiff's knowledge, she is not subject to subrogation as she is not a health insurance beneficiary.

33.

State the name, address and telephone number of each and every expert whom you expect to call as a witness at the trial of the case and with regard to such witness state the subject matter and substance of the facts and opinions upon which the expert is expected to testify, and a summary of the grounds for each opinion.

<u>Response</u>: At this time, Plaintiff's counsel has not retained or consulted with an expert as it relates

to this case. If an expert witness is retained and expected to testify at trial, then this response will immediately be supplemented with the requested information.

34.

State the name, address and telephone number of each and every expert whom you or your attorney have employed as an expert in the case and whom you do not expect to call as a witness and state with regard to each expert the facts and opinions held by such expert.

Response: At this time, Plaintiff's counsel has not retained or consulted with an expert as it relates to this case. If an expert witness is retained and expected to testify at trial, then this response will immediately be supplemented with the requested information.

35.

At the time of the subject incident or at any point subsequent to this incident, were you eligible to receive Medicare or Medicaid benefits and, if so, please state:

- (a) Whether Medicare or Medicaid has paid any such benefits to you or on your behalf;
- (b) Whether Medicare or Medicaid has informed you that they are seeking subrogation or any other type of reimbursement benefits paid to you or on your behalf;
- (c) Whether you have made any agreements with Medicare or Medicaid to repay any such amounts sought by Medicare or Medicaid;
- (d) Your Medicare health insurer number, if available; and
- (e) The name, address, and tax payer identification number of all Plaintiff's attorneys affiliated with your representation in this matter.

<u>Response</u>: Plaintiff is not a Medicare or Medicaid beneficiary.

36.

Please describe in detail the exact location of the alleged fall as referenced in Plaintiff's

Complaint.

<u>Response</u>: On September 28, 2021, Plaintiff and her husband were walking through the store towards the direction of the checkout counters when she stopped to pick up a bag of chips. As she reached for the bag, suddenly and unexpectedly, she landed on the floor. Plaintiff then realized there was a spilled liquid substance where she fell that appeared to be melted ice cream. Plaintiff then noticed an employee had a cart with a container of melted ice cream. After that, a manager on duty walked upon the scene, saw Plaintiff on the ground, turned around, and walked to the

37.

Does the Plaintiff possess any photographs taken of the exact location of the alleged fall as referenced in the Plaintiff's Complaint.

<u>Response</u>: Plaintiff is not in possession of any photographs of the location where the incident occurred.

Respectfully submitted this 9th day of December, 2022.

customer service desk. As a result, my client sustained personal injuries.

/s/ Benjamin A. DuBose
Anthony J. Herro
Georgia Bar No. 402527
Benjamin A. DuBose
Georgia Bar No. 414264
Attorneys for Plaintiff

THE HERRO LAW FIRM

3495 Piedmont Road NE Eleven Piedmont Center, Suite 824 Atlanta, Georgia 30305 (404) 737-2490 anthony@herrolaw.com ben@herrolaw.com

DEFENDANT'S FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF

1.

Please produce each and every statement, report or writing of any kind prepared by any individual(s) who was an eyewitness to the incident complained of in this action.

<u>Response</u>: Plaintiff is not in possession of any statements. Plaintiff believes Defendant is in possession of an incident report generated shortly after he slip and fall.

2.

Please produce each and every statement, report or writing of any kind prepared by any individual(s) who has some knowledge of any fact or circumstance upon which your allegations of negligence, causation and/or damages are based.

<u>Response</u>: Plaintiff is not in possession of any statements. Plaintiff believes Defendant is in possession of an incident report generated shortly after he slip and fall.

3.

Please produce each and every photograph, drawing, diagram, map or graphic representation of the scene of the incident complained of in this action.

<u>Response</u>: Plaintiff is not in possession of any photographs, drawing, diagram, map, or graphic representation of where the incident occurred.

4.

Please produce each and every photograph, drawing, diagram, or graphic representation of any instrumentality alleged to have caused the alleged damages.

<u>Response</u>: Plaintiff is not in possession of photographs, drawing, diagram, map, or graphic representation of the liquid substance on the floor of Defendant's premises.

Please produce each and every photograph, drawing, diagram, or graphic representation of your alleged injury.

<u>Response</u>: Plaintiff is not in possession of photographs, drawing, diagram, map, or graphic representation of his alleged injuries. Plaintiff is producing all medical records currently in her possession.

6.

Please produce each and every documentary or other tangible evidence which you contend supports your allegations of negligence, causation and/or damages.

<u>Response</u>: Plaintiff is producing all relevant and discoverable material currently in her possession.

7.

Please produce any and all hospitalization records and reports, including billing statements of any kind, in your possession from any hospitalizations or hospital visits occurring at any time prior or subsequent to the subject incident underlying the Complaint in this matter.

<u>Response</u>: Plaintiff has not been hospitalized since she bore children and is not in possession of these documents.

8.

Please produce any and all medical records and reports, including billing statements of any kind, from each and every hospital, physician, surgeon or practitioner of the healing art, generated or prepared as a result of any type of treatment rendered to you allegedly as a result of the subject incident underlying the Complaint in this matter.

<u>Response</u>: Plaintiff is producing all relevant and discoverable medical records and bills currently in her possession. Plaintiff has requested updated medical records and bills from Team

Rehabilitation Physical Therapy and will supplement these documents as soon as they become in possession.

9.

If you claim loss of any wages or income, please produce all of your federal income tax returns for the five (5) years immediately preceding the date of your response to this Request.

Response: Plaintiff is making a claim for lost wages. She is seeking wage loss verification through her employer and will supplement these documents when they become in possession.

10.

Please produce a true and complete copy of any and all written reports rendered to you from each and every expert witness, including treating physicians, who are expected to testify in any respect at trial concerning your allegations of negligence, causation and/or damages in this matter.

<u>Response</u>: At this time, Plaintiff's counsel has not retained or consulted with an expert as it relates to this case. If an expert witness is retained and expected to testify at trial, then this response will immediately be supplemented with the requested information.

11.

Please produce a complete and true copy of any and all written reports rendered to you by each and every expert witness, including treating physicians, in any manner consulted by you with respect to your allegations of negligence, causation and/or damages in this matter, whether or not such expert witness(es) is expected to testify at trial.

<u>Response</u>: At this time, Plaintiff's counsel has not retained or consulted with an expert as it relates to this case. If an expert witness is retained and expected to testify at trial, then this response will immediately be supplemented with the requested information.

Produce any and all documents, including but not limited to, correspondence to and from Medicare and/or Centers for Medicare and Medicaid Services (CMS) and/or Medicare Secondary Payer Recovery Contractor (MSPRC) which in any way reference your request for benefits, your receipt of benefits, and/or your denial of benefits at any time, including benefits made in relation to injuries allegedly sustained as a result of the subject incident.

Response: Plaintiff is not a Medicare or Medicaid beneficiary.

Respectfully submitted this 9th day of December, 2022.

/s/ Benjamin A. DuBose
Anthony J. Herro
Georgia Bar No. 402527
Benjamin A. DuBose
Georgia Bar No. 414264
Attorneys for Plaintiffs

THE HERRO LAW FIRM

3495 Piedmont Road NE Eleven Piedmont Center, Suite 824 Atlanta, Georgia 30305 (404) 737-2490 anthony@herrolaw.com ben@herrolaw.com

CERTIFICATE OF SERVICE

This is to certify that I have this day served the foregoing PLAINTIFF'S RESPONSES AND OBJECTIONS TO DEFENDANT PUBLIX SUPER MARKETS, INC.'S FIRST INTERROGATORIES AND FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF upon:

James W. Hardee
Fain Major & Brennan, P.C.
One Premier Plaza
5605 Glenridge Drive, NE
Suite 900
Atlanta, Georgia 30342
jhardee@fainmajor.com

by electronic service or by placing a true and correct copy of the same in the United States Mail, properly addressed and with sufficient postage affixed thereto to ensure delivery, or by hand delivery.

Respectfully submitted this 9th day of December, 2022.

/s/ Benjamin A. DuBose
Anthony J. Herro
Georgia Bar No. 402527
Benjamin A. DuBose
Georgia Bar No. 414264
Attorneys for Plaintiffs

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